

Incident #: 16-209-1236-00

INCIDENT REPORT

Incident #: 16-209-1236-00

Prepared:

8/2/2016 8:02:41 AM

Workflow Status: Report Approved by Central Records

		Incide	nt In	fo						
Report Date	Time	Date Occurred Time		Time	Po	ss. Date		Time		Beat
7/27/2016	1110			7/27/2016		1410	0 207			
ne Location			L	Location Type		Rpt. District	R	pt. Officer		Inv. Office
500 NORTHSIDE CIR NW @ROYAL COACH 13 207						207	5712			
Family Inv. Ga	Related Prev.	Prev. Complaints Pri		or Court Orders		sposition	Disp	o. Date	Tin	ne
ed							-6-1			
O ASSAULT AGAINST	OLICE									
rest			648	3.341.33		Relatio	nship	of Parties		Weather
rest			SAP ST			Relatio	nship	of Parties		

					Offen	ses			
	Offense	J. 三丁三方。	Offens	ie .	30 30 T. T.	12 Sept. (1988)			# of Victims
	1314		AGG A	SLT or AGG B	ATTERY-GUN				
1	IBR Code	Att/Comp	UCR	UCR Arson	UCR Status	Bias Incident	Method of Entry	Fam	illy Violence
	1314	С	0410	0	4			N	

					In	volve	ed F	art	ties								
Name Ty	pe	200		Am. 1862				Name	9			ned.	14. E		95		
WITNESS	3							BROWN JR, TERENCE									
Address									Bldg.			Apt.#	1	Home	Phon	ie .	
4300 FLA	T SHO	DALS R	D, UN	ION CITY, G	A 30291									(404) 5	552-86	660	
DOB	-PO	Age		Number	DL State	DL E	kpire		Sex	R	ace	Heig	ght	Weight	Hai	ir 🦟	Eyes
11/3/1988		27							М	В							
	Hair Style				Hair Typ	эе				Facia	l Hai			4	Comp	lexion	l de la
Appear	Spe	Speech		Glove	s Teeth	Glass	ses	На	t N	lask	Eye	Defect	Sk	in Tone Ty	ре	Clot	hing Ty
Body Ma	rking	s Type		Body Marki	ngs Descript	tion				Ž 4	- u.s.				d s	1918	
Injury / F	(illed		5 6	Injury / S	everity	465	Loca	ation	on Bo	dy	- 4	Where	Hosp	oitalized		2507.	
NOT INJ	URED															Icc	C Code
SSN		7.1	Oc	cupation				3.3	100			J. 20				GC	ic cou
Employe	er			Em	ployer Addre	ess			112	¥	42		Work	Phone		Wk	. Ext.
				,,,													

OF APLY ATTACHMENT OF APPLICE POLICE

INCIDENT REPORT

Incident #: 16-209-1236-00

Prepared:

8/2/2016 8:02:41 AM

	Name Typ	e					and the last	a service		Name		2	1	in the second				\$		
	VICTIM									BANK	S, ERII	N EL	IZABE	TH						
	Address		1 2 7	5.		113	5-2	int Parameter			3ldg.	46. A	Δ.	pt.#		Hon	ne Pl	none		
ľ	6458 LAKE	PAD	DOCK	DR, F	LORISSA	ANT, N	MO 63033									(314	1) 779	-4491		
- I	DOB		Age		Number		OL State	DL Ex	cpire		Sex	Ra	ce	Heig	ht	Weigh	t	Hair	Eyes	
ŀ	7/25/1981		35 *	P13	37287014	1 1	MO				=	В						4		
	1720/1001	Hair	Style		置包		Hair Typ	е			F	acial	Hair	100		4	Co	mplexi	olexion	
١																				
	Appear	Spee	ch	Hand	Glo	ves	Teeth	Glass	ses	Hat	Ma	sk	Eye D	efect	Sk	n Tone	Туре	Cle	othing Typ	
	Body Mar	kings	Type		Body Ma	rking	s Descripti	on												
	Injury / Ki	lled			Injury	/ Sev	erity		Loca	tion o	n Bod	y	· · · · · · · · · · · · · · · · · · ·	Where	Hosp	italized				
	NOT INJU	RED										,								
	SSN			Oc	cupation	١			-										CIC Code	
													- 5000				- 4-		314 /k. Ext.	
	Employer			9 =		Empl	oyer Addre	SS		1.76			7.1	V	Vork	Phone	= :	V	VK. EXI.	
						, , ,														
	Name Ty	pe:								Name			- E - 1/E					E :		
	VICTIM						4			REDI	DICK, I	LEAI								
	Address	7		= = =		-# <u>*</u>	8351		r. (Bldg.	-	Ü-	Apt. #	eti,			hone		
	3120 MA	PLE D	R NE,	ATLA	NTA, GA	3030	5										Name and Address of the Owner, where the Owner, which is the Own	8-7231		
	DOB	200	Age	DI	Numbe	r	DL State	DL E	xpire		Sex	Ra	ace	Hei	ght	Weig	ht	Hair	Eyes	
											М	w								
	ah	Hair	Style				Hair Ty	pe	7	===(Facia	l Hair		- Y	7200	C	omplex	ion	
																		1		
	Appear	Spe	ech	Hand	ı GI	oves	Teeth	Glas	ses	Ha	t M	ask	Eye	Defec	S	kin Tone	зтур	e C	lothing Ty	
	Body Ma	rkings	s Type		Body M	arking	gs Descrip	tion		2.1	3		1. 1					3		
													-			74 117			4.	
	Injury / K	Cilled			Injur	y / Se	verity	_ J, =	Loc	ation	on Boo	yk	= =	When	e Hos	pitalize	OI .			
	NOT INJ	URED																	GCIC Code	
	SSN			0	ccupatio	n	i In	700°=					- 4	N.90			E			
													- 1		Work	Phone			1314 Wk. Ext.	
	Employe					IEmp	loyer Addr	ess						1000	" I OI V					



Incident #: 16-209-1236-00

INCIDENT REPORT

Incident #: 16-209-1236-00

Prepared: 8/2/2016 8:02:41 AM

	Name Typ	e .				and the second		Nam	е								
	VICTIM							SEVI	ERAN, O	CARL							
	Address				EA FAIR		Fig. 27 1 - 1045		Bldg.		Ap	t.#	87	Home	Phor	ne	y = 14.
	3120 MAP	LE DR	NE. A	TLANTA	, GA 303	05								(404) 8	848-7231		
	DOB		Age		umber	DL State	DL Expire	е	Sex	Rac	e -	Heigh	t	Weight	Ha	ir	Eyes
			4						М	В						4	
		Hair	Style			Hair Typ	oe £		F	acial I	Hair	<u> </u>			Comp	olexion	
		Ī															
	Appear	Spee	ch	Hand	Glove	s Teeth	Glasses	Ha	t Ma	sk I	Eye De	Defect Ski		kin Tone Type		Cloth	ing Typ
	Body Mar	kings	Type	Во	dy Marki	ngs Descript	lion						- (İΞ		
	Injury / Ki	illed			Injury / S	everity	Loc	cation	on Bod	y	W	here F	lospi	talized		Ē,	
	NOT INJU	IRED														loci	C Code
	SSN			Occu	pation			=====		-					重		
							_			187	oek D	hone		131-	Ext.		
	Employe	•			Em	ployer Addr	TEE.			=:	100	UIK F	none	7.			
					, , ,												
									-								
	Name Ty	pe	ğ.	==				Nan				5 5 8				T ETE	
	Name Ty VICTIM	pe	3			12			YAL CO					l v	Dha		
		pe		- V-10-		*					A	pt. #		Home			
	VICTIM		E CIR	, ATLAN	TA, GA 3				YAL CO					(404)	848-	7231	
	VICTIM Address		E CIR		TA, GA 3		DL Expi	RO	YAL CO			pt. #	ht -		848-		Eyes
	VICTIM Address 500 NOR					0310 DL State		RO	YAL CO Bldg. Sex	Ra	ce		ht	(404)	848-	7231 air	
	VICTIM Address 500 NOR	THSID		DLN		0310		RO	YAL CO Bldg. Sex		ce		ht	(404)	848-	7231	
	VICTIM Address 500 NOR DOB	THSID	Age	DLN	lumber	0310 DL State Hair Ty	/pe	RO'	YAL CO Bidg. Sex	Ra Facial	ce Hair	Helg		(404) Weight	848- H	7231 air nplexion	n ·
	VICTIM Address 500 NOR	THSID	Age	DLN		0310 DL State Hair Ty		RO'	YAL CO Bidg. Sex	Ra	ce	Helg		(404)	848- H	7231 air nplexion	
	VICTIM Address 500 NOR DOB Appear	THSID Hair Spe	Age Style	DL N	Glove	0310 DL State Hair Ty Teeth	/pe Glasses	RO'	YAL CO Bidg. Sex	Ra Facial	ce Hair	Helg		(404) Weight	848- H	7231 air nplexion	n
5	VICTIM Address 500 NOR DOB	THSID Hair Spe	Age Style	DL N	Glove	0310 DL State Hair Ty	/pe Glasses	RO'	YAL CO Bidg. Sex	Ra Facial	ce Hair	Helg		(404) Weight	848- H	7231 air nplexion	n
	VICTIM Address 500 NOR DOB Appear Body Ma	THSID Hair Spe	Age Style	DL N	Glove	0310 DL State Hair Ty es Teeth kings Descrip	Glasses	re H	Sex M	Rad Facial	Hair Eye D	Heig	Sk	(404) Weight	848- H	7231 air nplexion	n
	VICTIM Address 500 NOR DOB Appear Body Ma	Hair Spe	Age Style	DL N	Glove	0310 DL State Hair Ty Teeth	Glasses	re H	YAL CO Bidg. Sex	Rad Facial	Hair Eye D	Heig	Sk	(404) Weight	848- H	7231 air nplexion	n
5	Address 500 NOR DOB Appear Body Ma Injury / P	Hair Spe	Age Style	DL N	Glove Glove Harles Harl	0310 DL State Hair Ty es Teeth kings Descrip	Glasses	re H	Sex M	Rad Facial	Hair Eye D	Heig	Sk	(404) Weight	848- H	7231 air nplexion Clot	n hing Ty
	VICTIM Address 500 NOR DOB Appear Body Ma	Hair Spe	Age Style	DL N	Glove	0310 DL State Hair Ty es Teeth kings Descrip	Glasses	re H	Sex M	Rad Facial	Hair Eye D	Heig	Sk	(404) Weight	848- H	7231 air nplexion Clot	hing Ty



INCIDENT REPORT

Incident #: 16-209-1236-00

Prepared:

8/2/2016 8:02:41 AM

						Suspe	ects										
Name Typ	oe .	第. 5			jima Ma	排作工业	Nam	е	2		=						
SUSPECT	Г						UNK	NOI	WN, UNI	NOWN							
Address				3 <u>1</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Blo	dg.	Apt	.#	172	Home Ph	one	-		
UNKNOW	/N,																
DOB	B & "	Age	DL Nu	mber	DL State	DL Ex	oire		Sex	Race	He	ight	Weight	Hair	Eyes		
									М	В							
	Hair	Style			Hair Type				Facial Hair				Complexion				
	T						3										
Appear	Spee	ch	Hand	Gloves	Teeth	Glasses	На	t	Mask	Eye Def	ect	Skin	Tone Type	Cloth	ing Typ		
												МВ					
SSN Occupation										33,2					4		
				Temn	nployer Address							Work Phone			Ext.		
Employe	r .	- 14	6.3	Emb	noyer Auure	700					+						
				,,,	gs Descrip				5.213	= =							

No Arrests to Display!

Incident #: 16-209-1236-00

						Veh	ic	les						
	Owner		- Line Se		Record Typ	e		4 - 1				VIN		
					DAMAGED							JN8A	AS5MV9BW	/292379
	Year	Make		Model	ME N. L. X	Style	С	olor#1	Cold	or #2	Tag Type	Ta	ag State	Tag #
1	2011	NISS				LL	Р	URPLE			Р	М	0	FG9T9W
	Date S		Time Stolen	Date	Reported	Time Rp	rt.	Date Rec	ov.	Time	Recov.	Valu	e Stolen	Value Recov.
	7/27/2		1115	7/27	7/2016	1430							\$0.00	
	1.,2,,2									Tot	al Value Sto	en	Total Va	alue Recovered
			Tota	l Vehi	cle Values	3					\$0.00			



INCIDENT REPORT

Incident #: 16-209-1236-00

Prepared: 8/2/2016 8:02:41 AM

Property Model **Property Type** Brand **Record Type** Owner D 500 NORTHSIDE **UCR Type** Color Qty Serial # Description DAMAGE TO BUILDING MM Value Recov. Value Stolen Time Recov. Date Recov. Time Report Time Stolen **Date Report** Date Stolen 1110 7/27/2016 7/27/2016 Model Brand Property Type Record Type Owner BANKS, ERIN D Color **UCR Type** Serial # Qtv Description PURPLE lκ 2 DAMAGE TO DRIVER SIDE DOOR AND REAR DRIVER PANEL Value Stolen Value Recov. Time Recov. Date Recov. Time Report **Date Report** Time Stolen Date Stolen \$0.00 1110 7/27/2016 7/27/2016 Total Value Recovered **Total Value Stolen Total Property Values** \$0.00

Narrative

On 07/27/2016 Officer Reddick #2204 and Officer Severan #2207 was dispatched to 500 Northside Circle on a suspicious person call. It was reported by apartment management staff that the suspect would not allow a female to leave the laundry room. The suspect was identified by the maintenance man to police. Officer Severan attempted to detain the suspect who then fled on foot. The suspect stopped and turned toward Officer Severan at which time Officer Severan deployed his Asp Baton. The suspect then drew a handgun from his waistband and pointed it at Officer Severan. Officer Severan and Officer Reddick discharged their city issued firearms at the suspect. There was damage to a vehicle and apartment building MM.

The maintenance man escorted the female to her apartment prior to the officers arrival. A folow up investigation by Zone 2 CID with the female victim will be conducted.

Investigator Bahry, Sergeant Deaton, Sergeant Remec, Sergeant Gardner, Lieutenant Childers, Crime Scene Unit 7326 responded to the scene.

Investigationn continues...

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OR HER OATH, DEPOSES AND STATES THAT THE FOREGOING IS TRUE, CORRECT, COMPLETE AND LEGIBLE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

" Office (Floo Sig.)	ID#	Assignment	Gender	Signed Date
Reporting Officer (Elec. Sig.)	5712	207		7/31/2016
CARTER (YES)	ID#	Assignment	Gender	Signed Date
Supervisor (Elec. Sig.)	2988	207		8/1/2016
Clerk ID # 6912		te 8/2/2016 8:01:	51 AM	